120000010784

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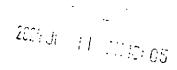
COVER LETTER

TO:

TO: Registration Se Division of Cor			
	ECHNOLOGIES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PAULINE HO CPA		
		Name of Person	
		Firm/Company	
	879 OUTER ROAD STE	В	
		Address	
	ORLANDO, FL 32814		
	into Olavananult nam	City/State and Zip Code	
	info@lausconsult.com E-mail address: (to be used for future annual report noti	ification)
For further information e	oncerning this matter, please c	·	
PAULINE HO CPA		407 401-9768	
Name o	f Person	Area Code Dayum	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	=	The Centre of T	•
Tallahassee, 1			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



OTONIC	TECHNOL		_
SIUNE	TECHNOL	.UGIES LI	

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	(**************************************	
The Articles of Organization for this Limited 1		3, 2020 and assigned
Florida document number L20000010784	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
EXITBABYLON LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office address.		enter the name of the new register
Name of New Registered Agent:	PENG, GUANGHUA	
New Registered Office Address:		
	Enter Florida street	t address
	City	, Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Rechtered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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		DORAL, FL 33178	■ Remove
			□Change
			□Remove
			□Change
			□Add
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ffective date, if other than the can effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the De	be specific and cannot b ock does not meet the	e prior to date of fil applicable statute			
record specifies a delayed effective d is filed.	date, but not an effec	etive time, at 12:0	l a.m. on the earlie	er of: (b) The 90th	day after the
JUNE 24	2024		<i>(</i>		
pated					
Dated	R	1	4		
	L (Signature/of/a/member/o	1	<u>, </u>	ı	

Filing Fee: \$25.00